

STERLING BOARD OF HEALTH

INSTALLER'S AS-BUILT AND CERTIFICATIONS

SKETCH (to include the well and or water line location and the driveway location)

I _____ certify that on _____ 20 _____ I installed
(Date)

the above septic system for _____

(Owner's name) (Street name)
in the town of _____, also know as map/lot _____ in accordance

with Title 5, 310 CMR 15.000, the approved plan(s) by _____

(Engineer)
_____ and the Board of Health requirements.

(Plan#) (Revised)

INSTALLER'S SIGNATURE & DATE

LICENSE NUMBER